

RECEIVED

AUG 12 2024

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY DL DEPUTY CLERK

Jerry Lee Canfield  
TDCJ# 01848978  
H.H. Coffield Unit  
2661 FM 2054  
Tennessee Colony, Texas 75884-5000

FILED  
AUG 12 2024  
CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY DL DEPUTY

August 07, 2024  
~~July 15, 2024~~

United States District Court  
for the Western District of  
Texas, at Austin.  
ATTN: Clerk's Office  
U.S. Courthouse  
501 West 5th Street, RM., 1100  
Austin, Texas 78701

RE: Bernhardt Tiede II

Vs.

Civil Action No. <sup>03</sup>~~1:23~~-CV-1004-RP

Bryan Collier, TDCJ, Dir.

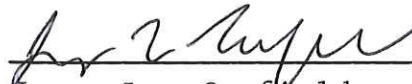
Dear Clerk of the Court:

Greetings! Enclosed are heat survey documents completed by inmate's incarcerated in the Texas Department of Criminal Justice, H.H. Coffield Unit in Tennessee Colony, County of Anderson, Texas. Please file in the above cause.

~~I have sent the same documents to Texas Prison Community Advocates and the original's to this Court, due to Legal Mail and General Mail not arriving at its destination. This is to assure that the documents at least arrive at an outside destination.~~

Thank you for your time and help with my request. If the Court has any requests or order's for the filing of the enclosed, please reply to me at the address above at your earliest convenience.

Sincerely,



Jerry Lee Canfield  
Pro se Litigant.

Certified Mail#9589-0710-5270-0944-2874-65

CC: File

Your Name James Helms  
 TDCJ Number 1559537  
 Unit name Coffield



Date 7/1/24  
 Ethnicity White  
 Birth Date 3/29/77

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                         | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                          | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                        | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                        | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                      | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                    | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area          |  |  |
| <input type="checkbox"/> No access to cool down showers             |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).  
The Officer do not pass out water, while we are also the is contaminated, cells rough  
racked up for count-time, even after count clears 2hrs later 5hrs in infected hot 5x9 cell  
with 2 men

If yes, how often are you allowed to take a cold shower? daily

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

Sometimes they do deny you respite / and sometimes only for 2hrs

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

only 2hrs only

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☒ Yes ☐ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? None

Do you have a heat related illness? (Describe) the ones down below, but, its not on my medical file, I try to drink water and stay in front of fans

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

yes, all the above

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☐ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

we get little to no Day Room, mainly stay rack-up in the oven hot box cells  
Have after being moved to a Seg area have you being denied any of the following?

☒ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☒ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? Med Sg Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? N/A Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☒ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance waiting for results

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 75502

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 75508 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Johnny FRANKS  
 TDCJ Number 01672424  
 Unit name Coffield



Date JULY 1, 2024  
 Ethnicity White  
 Birth Date JULY 18, 1974

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers               |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

4+ hours without a cooler, at times no ice, sometimes odors

are denied at times, looked out of day room, no access to water

If yes, how often are you allowed to take a cold shower? \_\_\_\_\_

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example) \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NO

Do you have a heat related illness? (Describe) YES, Heat-Related Asthma; hard to breathe when the Temp Rises. While Blanketing Through a "Hot Blanket"

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Severe Dizziness, Light-headed, Loss of Appetite, Stomach cramps often, hard to breathe

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

## JOB

What is your job? WNV Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name SAUL LOZANOTDCJ Number 02410312Unit name CoffieldDate July 1, 2024Ethnicity LATIN AME.Birth Date 09.16.80

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                    | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                                     | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                        | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                                   | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                      | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working                    | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input type="checkbox"/> No wellness checks being conducted                        |  |
| <input type="checkbox"/> Denied access to the respite area          |  |  |
| <input type="checkbox"/> No access to cool down showers             |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

NOT REGULARLY, AT TIMES HOT WELL, WARMIf yes, how often are you allowed to take a cold shower? OnceIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances STAY ON LOCK DOWN

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash, Pale, clammy skin

Do you know of any heat related deaths? (name) No

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 75337

**Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.**

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 75338 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name MARTINEZ PATRICKTDCJ Number 1962692Unit name H.H. COFFIELDDate 1 JULY 2024Ethnicity HISPANICBirth Date 3

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
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| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
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| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

WATER IS NOW BEING DELIVERED WITHOUT ICE.

If yes, how often are you allowed to take a cold shower? \_\_\_\_\_

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example) \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? HIGH BLOOD PRESSURE

Do you have a heat related illness? (Describe) NO

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

NO

Do you know of any heat related deaths? (name) NO

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

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Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? MEN UNASSYN. Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

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If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 75520

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 75358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name Justin Cannon

Date \_\_\_\_\_

TDCJ Number 2007876Ethnicity WUnit name CoffieldBirth Date 1990.04.13

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
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| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water               | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).  
sporadically, without ice

If yes, how often are you allowed to take a cold shower? \_\_\_\_\_

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?  
 \_\_\_\_\_  
 \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to <sup>wave</sup> ~~wave~~ their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? \_\_\_\_\_

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? \_\_\_\_\_ Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~75401~~

**Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.**

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



Your Name \_\_\_\_\_

Date Mon. July 1. 2024

TDCJ Number \_\_\_\_\_

Ethnicity caucasian

Unit name Coffield

Birth Date \_\_\_\_\_



Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input checked="" type="checkbox"/> No cooling towels on Commissary                | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input checked="" type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input checked="" type="checkbox"/> Transported/left in hot bus  |
| <input type="checkbox"/> Cold Shower not working                      | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input type="checkbox"/> No wellness checks being conducted                        |  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers               |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

we receive 6-8 gallons of ~~ice~~ water in ice  
about 4 times a week to be share between 176 inmates.  
The bottom of the cooler is usually littered with unidentifiable debris.

If yes, how often are you allowed to take a cold shower? ONCE a day?

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

denial of respite is common. Receiving / denial of respite depends on  
who's working. we've all been denied repite @ some point by long time ranking  
officers down to CO's. Its rare for anyone to document it.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

~~Barber Shop~~ Barber Shop respite is not cold air ~~like~~ like in chapel or  
office's. limited seating.

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No <sup>not yet</sup> Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☐ No I've ~~never~~ been asked about any  
heat related symptoms.

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No

Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? ?

Do you have a heat related illness? (Describe) I.D.K.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe. I suffer daily from one or any combination of the ~~above~~ underlined symptoms

Do you know of any heat related deaths? (name) someone is always dying in TDCJ. The true reasons as to why the death occurred are likely hidden.

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? \_\_\_\_\_ Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance Step one's are not always returned.

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~75201~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name Samuel Wade  
 TDCJ Number 02153293  
 Unit name Coffield



Date 1 July 2024  
 Ethnicity White  
 Birth Date 05/24/78

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           |  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Receiving water with no ice From kitchen

Water coolers not cleaned/bleached daily. Sediment in coolers

If yes, how often are you allowed to take a cold shower? Once daily (Around 7 pm)

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?  
 \_\_\_\_\_  
 \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☐ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Dizziness, Heat rash, headache, loss of appetite, excessive sweating, cramps

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? Mechanical Squad Time frame held? 6-12 How many hours a day do you work? 0

How many days a week do you work? 0 Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~75502~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name TUTANKHAMUN HOLT  
 TDCJ Number 02230356  
 Unit name COFFIN



Date 1 JULY 2024  
 Ethnicity AMERICAN  
 Birth Date 7 JULY 1982

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
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| <input type="checkbox"/> Broken Ice Machines                          | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           |  |
| <input checked="" type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input checked="" type="checkbox"/> Cold Shower not working           | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input checked="" type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).  
WATER OR ICE DELIVERED EVERY SIX OR MORE HOURS W/ INSECTS

If yes, how often are you allowed to take a cold shower? ONCE A DAY (IRREGULARLY)

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances AT THE BEGINNING OF THE HOTTEST PART OF THE DAY

If you have ever been denied access to the respite area, why were you denied, date, and by whom? 5-6 PM

TURN KEY, AFRICAN, RESPITE CLOSED SHOULD HAVE RESPITE SHOWER

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No BUT HEAT IS UNACCEPTABLE IN UNIT

Are you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NOT APPLY NO

Do you have a heat related illness? (Describe) NO

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache; dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

YES

Do you know of any heat related deaths? (name) NO

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

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Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

#### JOB

What is your job? NONE Time frame held? M/R How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

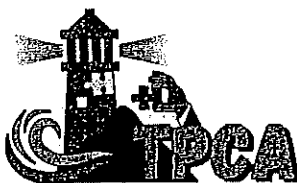
Fulton, TX 75506

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 75506 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



Your Name Alandis Russaw, Jr.  
 TDCJ Number 02113821  
 Unit Name Coffield



Date 7/1/2024  
 Ethnicity Black  
 Birth Date 08/29/1990

As TPCA grows we would like to address some of the issues that are most important to you all as they fall within our organization's agenda. As many of you have already responded to our heat survey we did not include that topic here.

1. Please rank the following topics in order of priority for you using numbers between 1-14 (1 being "most important topic for me" and 14 being "the least important").

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 2 Medical care         | <input type="checkbox"/> 10 Visitation | <input type="checkbox"/> 14 Education  |
| <input type="checkbox"/> 12 Mental Health Care  | <input type="checkbox"/> 8 Tablets     | <input type="checkbox"/> 7 Programs    |
| <input type="checkbox"/> 5 Disciplinary Process | <input type="checkbox"/> 9 Phones      | <input type="checkbox"/> 1 Legislation |
| <input type="checkbox"/> 4 Food                 | <input type="checkbox"/> 11 Mail       | <input type="checkbox"/> 13 Recreation |
| <input type="checkbox"/> 3 Water                | <input type="checkbox"/> 6 Abuse       |  |

Please rate the following areas in order of priority for you using numbers between 1-5 (1 -most important, 2 -very important, 3- somewhat important, 4 -not really important, and 5- the least important).

## 2. Medical Care

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 3 Prescription medication access  | <input type="checkbox"/> 1 Sleep deprivation     | <input type="checkbox"/> 5 Access to Hearing devices or treatment   |
| <input type="checkbox"/> 1 Denial of meaningful healthcare | <input type="checkbox"/> 3 Access to vision care | <input type="checkbox"/> 4 Over the counter medication access       |
| <input type="checkbox"/> 4 Compassionate release MRIS/EMR  | <input type="checkbox"/> 2 Cost of medical care  | <input type="checkbox"/> 1 Responsiveness to medical requests/160s  |
| <input type="checkbox"/> 3 Hospital transport              | <input type="checkbox"/> 2 Access to Dental care | <input type="checkbox"/> 3 Timing of medication distribution (KOPS) |
| <input type="checkbox"/> 3 Denied access to medical        |  | <input type="checkbox"/> 1 Lack of attention to medical emergencies |

## 3. Mental Health Care

- |  |   |
|--|---|
| <input type="checkbox"/> 1 System responsiveness to mental health care requests      | <input type="checkbox"/> 3 Information on mental health programs availability |
| <input type="checkbox"/> 1 Concerns regarding suicide in the system                  |   |
| <input type="checkbox"/> 1 Concerns about the current treatment and recovery options | <input type="checkbox"/> 2 Grief counseling/Suicide Intervention counseling   |

## 4. Food

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1 Not enough food       | <input type="checkbox"/> 1 Lack of Protien                           | <input type="checkbox"/> 1 Lack of Protien options |
| <input type="checkbox"/> 3 Not recieveing meals  | <input type="checkbox"/> 1 Lack of carbs                             | <input type="checkbox"/> 1 Spoiled or rotten food  |
| <input type="checkbox"/> 3 Breakfast chow timing | <input type="checkbox"/> 1 Lack of Vegetables                        | <input type="checkbox"/> 1 Jhohnny sacs            |
|  | <input type="checkbox"/> 3 Dietary restitutions not being adheard to |  |

## 5. Commissary

- ☐ 1 Variety of Items
- ☐ 1 Lack of availability of items
- ☐ 2 Limited access
- ☐ 1 Pricing

## 6. Water

- ☐ 1 Lack of access to Water
- ☐ 1 Dirty water recepticles
- ☐ 2 Smelly or discolored Water

## 7. Mail

- ☐ 3 Lost mail
- ☐ 2 Denied mail
- ☐ 2 Denial of books

**8. Visitation**

- ☐ 1 Not enough visitation time
- ☐ 2 Not enough visitation opportunities
- ☐ 3 Family/child friendly area
- ☐ 2 Would like to have more than 12 people on visitation list
- ☐ 2 Healthy vending machine choice

**9. Education**

- ☐ 3 Access to higher education opportunities
- ☐ 2 Denial of educational opportunities
- ☐ 2 Assistance with educational process
- ☐ 2 Educational Cost
- ☐ 4 Educational Counseling
- ☐ 3 Access to certifications
- ☐ 4 Personal disability preventing education

**10. Programs**

- ☐ 1 Lack of program availability
- ☐ 2 Need more programs that offer credentials
- ☐ 2 Need more information on programs
- ☐ 3 Denial of programs
- ☐ 3 Variety of programs

**11. MISC**

- ☐ 1 Retaliation
- ☐ 1 Disciplinary process
- ☐ 1 Miss classification
- ☐ 1 PREA
- ☐ 1 Phone
- ☐ 1 Tablets
- ☐ 2 Recreation

12. What are the "BEST" programs at TDCJ? Why do you consider those programs to be the "BEST"?

The best programs are the trade schools that teach you applicable workplace skills, but G3s are not allowed into most of these programs.

13. Would you like ALL TDCJ units to have video surveillance systems throughout the facilities?

☒ Yes ☐ No

14. Tell us your suggestions for making your visitation experiences better. Fully stocked vending machines, at reasonable prices. Shorter distances to qualify for extended, or special visits.

15. Is there anything else that you would like to share \_\_\_\_\_

Your Name LaAnthony D. MurphyTDCJ Number 2389819Unit name CoffieldDate July 1, 2024Ethnicity BlackBirth Date Sept. 17, 1989

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                      | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                       |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input checked="" type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers               |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

7-10am water in caddies go from cold to luke warm withhair floating under or gross if not a roach; hottest parts of day hardly any cold water  
If yes, how often are you allowed to take a cold shower? once a day after dinner hours

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

because they wanted us to rack up for count and we weren't allow to leave the wing during count times. All most every 2pm count on Nadaila shift

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? borderline diabetes, high blood pressure

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Excessive sweating feeling sick and body cramps

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? Work SQ9 Time frame held? 1 year How many hours a day do you work? None

How many days a week do you work? None Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78002

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Mark Douglas  
 TDCJ Number 1877189  
 Unit name Coffield



Date 7-1-24  
 Ethnicity White  
 Birth Date 01-29-65

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                      | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input checked="" type="checkbox"/> Broken Ice Machines               | <input checked="" type="checkbox"/> No cooling towels on Commissary                | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input checked="" type="checkbox"/> No cooling shirts on Commissary                | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working                      | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers               |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

every summer at lease once a day to every other day

If yes, how often are you allowed to take a cold shower? usually once a day in evening 7-730 pm

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances

If you have ever been denied access to the respite area, why were you denied, date, and by whom? Fuller-cox

last summer 2 times they claimed to crowded (no room) 1 time no passes  
queen → for turn key to fill out. 3 times I was sent back after 20 min - Blair

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

again last summer. condition fair, I usually stayed 2-3 hours, Frequency-everyday  
when it gets bad hot for me up 90% with high humidity, When they start rasking up  
for after noon cant which happened in the last 2 summers.

Where are the non working fans?

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction I take several med. that cause prob with Heat,

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction?

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☒ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why?



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? yes

Do you have a heat related illness? (Describe) yes Heat rash, dizziness

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

yes see above and others but not sure if they are a result of other med conditions

Do you know of any heat related deaths? (name) yes but I don't know their name only nick names

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? Inside med. Spd. Time frame held? 6am - 12pm How many hours a day do you work? haven't

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX ~~00000~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Alandis Russaw Jr.TDCJ Number 02113821Unit name CoffieldDate 7/1/2024Ethnicity BlackBirth Date 08/29/1990

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input checked="" type="checkbox"/> Broken Ice Machines    | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water               | <input type="checkbox"/> No cooling shirts on Commissary                           | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                       |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Very infrequently, often times it is without ice. During peak summer temps; sometimes no cold water at all.

If yes, how often are you allowed to take a cold shower? once a day in the late evening.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Excessive sweating, headaches - during times where humidity is high as well.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

## JOB

What is your job? Clothes Exchange Time frame held? 1 month How many hours a day do you work? 9

How many days a week do you work? 6 Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) Because we work in the shower area,

humidity is high, and the exhaust fans are currently not working.

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☒ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78382

**Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.**

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name James WilliamsTDCJ Number 02379090Unit name CoffieldDate July 1, 2024Ethnicity African AmericanBirth Date 10-17-79

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water               | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

only in day room, when it's full, in the cell they don't pass out water and ice.If yes, how often are you allowed to take a cold shower? once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example) \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☐ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☐ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☐ NoAre you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? \_\_\_\_\_

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? work Squad Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 75841

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 75841 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



Your Name Addam Whiddon  
 TDCJ Number 2285614  
 Unit name Co Field



Date 7-1-24  
 Ethnicity White  
 Birth Date 12/21/90

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water               | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input type="checkbox"/> No wellness checks being conducted                        |  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Depending on the day we sometimes

only get Iced water Every 12-18 hours

If yes, how often are you allowed to take a cold shower? 1 per/day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

N/A

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? High blood pressure

Do you have a heat related illness? (Describe) NO

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash and headaches

Do you know of any heat related deaths? (name) NO

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? Field Squad Time frame held? 6:00 AM - 12 PM How many hours a day do you work? 6

How many days a week do you work? 5 Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

TX 78358

Your Name Hugh L Pierce  
 TDCJ Number 1590078  
 Unit name Coffield



Date 7-1-2024  
 Ethnicity Other  
 Birth Date 5-4-55

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups <u>in chow hall</u> | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) <u>But can't plug it.</u> |
| <input type="checkbox"/> No Ice                                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                    | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water <u>cold</u>        | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas  |
| <input type="checkbox"/> No Heat policy posted                  | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working                | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower        | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input type="checkbox"/> Denied access to the respite area      |  |  |
| <input type="checkbox"/> No access to cool down showers         |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? \_\_\_\_\_

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example) \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

No

Do you know of any heat related deaths? (name) No

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

☒ Dayroom access *its off & on*  
☐ Outside recreation  
☐ Inside recreation  
☐ Commissary

☐ Physical access to Law Library  
☐ Educational Classes  
☐ Phone privileges  
☐ Access to showers

☐ Marriage Seminars  
☐ Rehabilitation Programs  
☐ Visitation  
☐ Denied water

## JOB

What is your job? NONE Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? NONE Are you allowed water breaks for your job? ☐ Yes ☒ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☒ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☒ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX ~~78868~~

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name Dudley Bernard  
 TDCJ Number 2421978  
 Unit name Coffield



Date 6-26-2024  
 Ethnicity African American  
 Birth Date 8-4-1979

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We receive cold water once a day.

If yes, how often are you allowed to take a cold shower? Once per day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?  
 \_\_\_\_\_  
 \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction High blood pressure

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? high blood pressure

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

I have had and am developing all of these symptoms during the summer months at TDCJ.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Inside recreation

☐ Phone privileges

☐ Visitation

☐ Commissary

☐ Access to showers

☐ Denied water

#### JOB

What is your job? Medical Squad #2 Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A.

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78802

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)



Your Name VERBRUGSE MARTINTDCJ Number 337061Unit name COFFINDate 6-26-24Ethnicity WhiteBirth Date 2-18-19

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? 1 Time A DAY

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☐ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☐ NoAre you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? \_\_\_\_\_

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? FIS Time frame held? 2 yrs How many hours a day do you work? 10

How many days a week do you work? 6 Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name Thomas Anderson-HatfieldDate 6/26/24TDCJ Number 1803981Ethnicity CaucasianUnit name CoffieldBirth Date 01/25/90

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                       | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice <u>chow full water</u> | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                      | <input type="checkbox"/> No cooling towels on Commissary                           | <input checked="" type="checkbox"/> Broken Unit fans   |
| <input type="checkbox"/> No water                                 | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                    | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working                  | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower          | <input checked="" type="checkbox"/> No wellness checks being conducted             |  |
| <input type="checkbox"/> Denied access to the respite area        |  |  |
| <input type="checkbox"/> No access to cool down showers           |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

The reception of water is arbitrary based on  
officer and inmate staffing

If yes, how often are you allowed to take a cold shower? once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?  
 \_\_\_\_\_  
 \_\_\_\_\_If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_Where are the non working fans? Living areas, work areas**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☒ Yes ☐ No If yes then why? So I could work



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? none known

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? Scullary Time frame held? 0300-1200 How many hours a day do you work? 8

How many days a week do you work? 6 Are you allowed water breaks for your job? ☒ Yes ☐ No 5 or 6

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) I work with hot water

my entire shift. Breaks are whenever we (my coworkers and I) can make them happen.

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78184

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Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name ROBERT LongoriaTDCJ Number 02107560Unit name 60Date 6/26/24Ethnicity LatinoBirth Date 6/12/81

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                 | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                  | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                | <input type="checkbox"/> No cooling towels on Commissary                           | <input checked="" type="checkbox"/> Broken Unit fans   |
| <input checked="" type="checkbox"/> No water                | <input type="checkbox"/> No cooling shirts on Commissary                           | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                       |
| <input checked="" type="checkbox"/> No Heat policy posted   | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input checked="" type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower    | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area  |  |  |
| <input type="checkbox"/> No access to cool down showers     |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

about 2 time a day and water is with out ice sometimes

If yes, how often are you allowed to take a cold shower? 0-1 a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

no

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

when give in respite it only for two-three hrs. it cool but they will not give you all day for respite

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NO

Do you have a heat related illness? (Describe) NO

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

yes when it get over 99-109 in the cell i get dizziness fainting,

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

☒ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Inside recreation

☐ Phone privileges

☐ Visitation

☒ Commissary

☒ Access to showers

☐ Denied water

#### JOB

What is your job? N/A Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No

Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



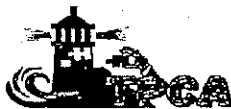
Your Name

Richard Carmona

TDCJ Number

2445170

Unit name

Colfield

Date

06/26/24

Ethnicity

17

Birth Date

05/15/1980

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input type="checkbox"/> No wellness checks being conducted                        |  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

TWICE A DAYIf yes, how often are you allowed to take a cold shower? TWICE IN THE SUMMERIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances N/A

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

N/A

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

ONE HOURWhere are the non working fans? NONE**HEAT RELATED MEDICAL CONCERNS**Are you heat restricted? ☐ Yes ☒ No Please describe your heat restrictionHave you been asked to wave their Heat restrictions? ☐ Yes ☒ NoIf yes, who asked you to wave their heat restriction? N/AHave you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? NEVER HAD any

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? NO

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

NO

Do you know of any heat related deaths? (name) YES / MARVIN

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☒ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

#### JOB

What is your job? Unassigned on medical Time frame held? \_\_\_\_\_ How many hours a day do you work? NONE

How many days a week do you work? NONE Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) not given the option to work (only stating others who have complained due to other specifics of ordinary)

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78033  
35%

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Makris IoannisTDCJ Number 02250685Unit name HA CoffieldDate 06/26/24Ethnicity GreekBirth Date 04/01/78

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input checked="" type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                       |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input checked="" type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

When they bring ice in the wings they don't have enough ice for all coolers so they either put just 1/4 cooler full. Or sometimes they fill it up with cool down ice. They do it very sporadically so 10 to 15 min after it is empty.

If yes, how often are you allowed to take a cold shower? 1 time about 7pm Due to that reason when we get ratted up we end up having no cold water for hours.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

On 06/25/24 I asked for a respite pass and I was told they didn't have pass. When they finally got it I was given a pass at 12:10 for 30min. Didn't make it to the respite area till 12:25.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Miss Riley the officer arranged to the Chapel doesn't allow us to go there for respite although it is arranged as respite area.

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction N/AHave you been asked to wave their Heat restrictions? ☐ Yes ☐ NoIf yes, who asked you to wave their heat restriction? N/AHave you chosen to wave their heat restriction themselves? ☐ Yes ☐ NoAre you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Didyou decide to stop taking your medication? ☐ Yes ☐ No If yes then why? N/A



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? I am hypoglycemic

Do you have a heat related illness? (Describe) When my blood sugar is down I have the shivers and coldsweat and feeling weak. Those symptoms multiply when it's hot

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Dizziness and fainting is multiplied exponentially when my blood sugar is down.

Do you know of any heat related deaths? (name) There was 1 I believe on 2023.

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No <sup>don't know</sup>

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Inside recreation

☐ Phone privileges

☐ Visitation

☐ Commissary

☐ Access to showers

☐ Denied water

N/A

## JOB

What is your job? Med Squad H4 Time frame held? 6-12 How many hours a day do you work? 0

How many days a week do you work? 0 Are you allowed water breaks for your job? ☐ Yes ☒ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? ☐ Yes ☒ No Are you heat sensitive ☐ Yes ☒ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78102

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name Bobby Gullory  
 TDCJ Number 82222125  
 Unit name Coffield



Date 6-26-2024  
 Ethnicity White  
 Birth Date 7-18-63

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                 | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                  | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                | <input type="checkbox"/> No cooling towels on Commissary                           | <input checked="" type="checkbox"/> Broken Unit fans   |
| <input type="checkbox"/> No water                           | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input checked="" type="checkbox"/> No Heat policy posted   | <input type="checkbox"/> No water breaks while working (specifically outside jobs) | <input type="checkbox"/> Transported/left in hot bus   |
| <input checked="" type="checkbox"/> Cold Shower not working | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower    | <input type="checkbox"/> No wellness checks being conducted                        |  |
| <input type="checkbox"/> Denied access to the respite area  |  |  |
| <input type="checkbox"/> No access to cool down showers     |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Not much more hot. Only Hot Water.

If yes, how often are you allowed to take a cold shower? Some Times

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

Yes by 60 duty Co and others.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction Dr224 Fudwing

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☒ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? all except cancer

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

all of this.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☒ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☒ Outside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Inside recreation

☐ Phone privileges

☐ Visitation

☐ Commissary

☐ Access to showers

☐ Denied water

## JOB

What is your job? \_\_\_\_\_ Time frame held? \_\_\_\_\_ How many hours a day do you work? \_\_\_\_\_

How many days a week do you work? \_\_\_\_\_ Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78448

358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



Your Name KREUTZER, CHRISTOPHERTDCJ Number 01270865Unit name COFFIELDDate 6-26-04Ethnicity WBirth Date 8-24-78

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                      | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input type="checkbox"/> No cooling towels on Commissary                           | <input checked="" type="checkbox"/> Broken Unit fans   |
| <input type="checkbox"/> No water                                     | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | <input checked="" type="checkbox"/> Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers               |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

NO COLD OR ICE WATER IN CHOW-HALL DINNER OR LUNCHI LIVE ON 3&4 ROW WHICH IS LOCKED, LUCKY WE A COOLER ICE (1)<sup>S</sup> A DAYIf yes, how often are you allowed to take a cold shower? ONCE IF ANYIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances UNDER STAFFING PROBLEMS

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

SAID I WAS NOT GIVEN A PASS BY SGT. WAS NOT ALLOWED TO LEAVE WING TO GET TO RESPITE AREA- 3:45pm DATE 6-23-04

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

ALWAYS, 80° & upWhere are the non working fans? P1 & P2 RESTIVE HOUSEING

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☐ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☐ NoAre you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? \_\_\_\_\_

Do you have a heat related illness? (Describe) \_\_\_\_\_

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

I HAVE HEAT RASH'S, HEADACHE, LOSS OF APPETITE, BREATHING PROBLEMS

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

#### JOB

What is your job? A-PATIO Time frame held? 7-3pm How many hours a day do you work? 8

How many days a week do you work? 5 Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78868

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Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

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Your Name Jerry Lee Canfield  
 TDCJ Number 01848978  
 Unit name Coffield



Date June 27, 2024  
 Ethnicity White  
 Birth Date 08-28-1982

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                    | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                          | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                        | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                                   | <input checked="" type="checkbox"/> No cooling shirts on Commissary <u>SX</u>      | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                      | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                    | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input checked="" type="checkbox"/> Low/no water pressure in shower | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area          |  |  |
| <input type="checkbox"/> No access to cool down showers             |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

If yes, how often are you allowed to take a cold shower? Once per day (depending on staffing) (short staff = no shower)

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances Short-Staffing

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

We're constantly harassed when requesting respite by officers. Allowed 30 mins.

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☒ Yes ☐ No So, I am not retaliated against for having over

Are you prescribed a heat sensitive medication? ☒ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? Yes

Do you have a heat related illness? (Describe) Heat rash covering my legs, back, abdomen, and neck. Some bumps have gotten infected.

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

heat rash, headache, loss of appetite, excessive sweating, fast pulse

Do you know of any heat related deaths? (name) Not by name

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? 015 Med. Sq #6 Time frame held? No hours How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance N/A

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)

Your Name RALPH EL ALEXANDERTDCJ Number 525421Unit name COFFIELDDate 6-27-2024Ethnicity BLACKBirth Date 07-19-66

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water               | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input checked="" type="checkbox"/> No Heat policy posted  | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working           | <input checked="" type="checkbox"/> Health crisis disregarded                      |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Water is only distributed at the convenienceof the SSI, the majority of the time the ice is being sold for commissaryIf yes, how often are you allowed to take a cold shower? 1x daily dependent upon staffingIf no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances no posted protocols

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

Respite areas are only available with an official pass issued by an officer

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

If allowed to an respite area the officer overrode that area dictated the duration of respiteWhere are the non working fans? currently the fans work in my area, but the offenders try to dictate where they blow air

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction no extreme temperaturesHave you been asked to wave their Heat restrictions? ☐ Yes ☒ NoIf yes, who asked you to wave their heat restriction? N/AHave you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Didyou decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? High Blood Pressure

Do you have a heat related illness? (Describe) Pre-Diabetes

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Heat Rash, Dehydration, Cramps, Loss of Appetite, Feeling Sick

Do you know of any heat related deaths? (name) not recently, in P-6 outside dorm

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Dayroom access     | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation  | <input type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary         | <input type="checkbox"/> Access to showers              | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance N/A, Grievances are filed on unit, always denied

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed. Grievance worked without outside help.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates

P. O. Box 1974

Fulton, TX 78102  
358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAAdvocates@gmail.com](mailto:TPCAAdvocates@gmail.com) [www.TPCAAdvocates.org](http://www.TPCAAdvocates.org)



Your Name Christopher KeetonTDCJ Number 01922331Unit name CoffieldDate 6-28-24Ethnicity BlackBirth Date 01-22-83

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> No Cups                | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We dont receive water except out Faucets, this water has been known to give some inmates H. pylori.

If yes, how often are you allowed to take a cold shower? Once a day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

I was denied last summer by Officer Freda Fuller For no reason

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Everyone is only allowed 15 minute access up to twice a day

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☐ Yes ☒ No Please describe your heat restriction \_\_\_\_\_Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☐ No Did you decide to stop taking your medication? ☐ Yes ☐ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? No

Do you have a heat related illness? (Describe) No

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) <sup>unknown</sup> There have been many, but listed C.O.D. are inaccurate

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☒ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- ☐ Dayroom access  
☐ Outside recreation  
☐ Inside recreation  
☐ Commissary

- ☐ Physical access to Law Library  
☐ Educational Classes  
☐ Phone privileges  
☐ Access to showers

- ☐ Marriage Seminars  
☐ Rehabilitation Programs  
☐ Visitation  
☐ Denied water

#### JOB

What is your job? inside medical squad Time frame held? 6 months How many hours a day do you work? 0

How many days a week do you work? 0 Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided)

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Walter HintonTDCJ Number 1839405Unit name H.H. CoffieldDate June 27, 2024Ethnicity Black ManBirth Date 7-12-73

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input type="checkbox"/> No Ice                                       | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input checked="" type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                                     | <input checked="" type="checkbox"/> No cooling shirts on Commissary                | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | <u>Transported/left in hot bus</u>   |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input checked="" type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

Water is provided from a contaminated source, H. pylori is known to cause serious stomach virus.

If yes, how often are you allowed to take a cold shower? Once to none, at night, not at peak hours.

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

yes, denied access by medical, stated, "I only had 15 minutes" last summer.

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area.

(frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

officer fuller and officer floyd threaten to write disciplinary cases for not following direct orders, but the rule states "as long as necessary" 24 hrs daily, 7 day weekly.

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction MedicationsHave you been asked to wave their Heat restrictions? ☒ Yes ☐ NoIf yes, who asked you to wave their heat restriction? administration / just to be moved outside. dorms.Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☒ Yes ☐ No Have you been asked to stop your medication? ☒ Yes ☐ No Didyou decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_



Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? high blood pressure

Do you have a heat related illness? (Describe) yes, at times my body temp. heats up, I get dizzy when I stand-up fast, breathing fast,

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) yes, don't know their entire full name

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☒ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☒ No

Have after being moved to a Seg area have you being denied any of the following?

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Dayroom access | <input checked="" type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars       |
| <input type="checkbox"/> Outside recreation        | <input checked="" type="checkbox"/> Educational Classes            | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation         | <input checked="" type="checkbox"/> Phone privileges               | <input type="checkbox"/> Visitation              |
| <input type="checkbox"/> Commissary                | <input type="checkbox"/> Access to showers                         | <input type="checkbox"/> Denied water            |

#### JOB

What is your job? Inside Medical Seg Time frame held? 5 yrs. How many hours a day do you work? 6 hrs.

How many days a week do you work? 5 Are you allowed water breaks for your job? ☒ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) \_\_\_\_\_

Are you allowed water breaks for field jobs? ☒ Yes ☐ No Are you heat sensitive ☒ Yes ☐ No

☒ Step I Grievance filed (1) ☒ Step II Grievance filed (2)

Results from Step I & Step II Grievance all grievances are rubber-stamped, no further action warranted.

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)

Your Name Felipe M. MorenoTDCJ Number 2315990Unit name CoffieldDate 7-1-24

Ethnicity \_\_\_\_\_

Birth Date 5-11-79

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No Cups                           | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                 | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines               | <input type="checkbox"/> No cooling towels on Commissary                           | <input type="checkbox"/> Broken Unit fans  |
| <input type="checkbox"/> No water                          | <input type="checkbox"/> No cooling shirts on Commissary                           | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted             | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working           | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower   | <input type="checkbox"/> No wellness checks being conducted                        | Transported/left in hot bus  |
| <input type="checkbox"/> Denied access to the respite area |  |  |
| <input type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

There are many time when we run out of ice and at times the water is not clean.

If yes, how often are you allowed to take a cold shower? 1 @ 7:00 pm

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom? \_\_\_\_\_

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

I have been granted but @ times it very hard to get a pass from officers. The conditions are fine for the most part allowed to stay till I feel better.

Where are the non working fans? \_\_\_\_\_

## HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction

# 20A, 21A ~~Adverse conditions~~ (Ashman)  
No Temperature & Humidity Extremes

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ NoIf yes, who asked you to wave their heat restriction? N/AHave you chosen to wave their heat restriction themselves? ☐ Yes ☒ NoAre you prescribed a heat sensitive medication? ☐ Yes ☒ No Have you been asked to stop your medication? ☐ Yes ☒ No Didyou decide to stop taking your medication? ☐ Yes ☒ No If yes then why? N/A

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? Asthma

Do you have a heat related illness? (Describe) There are times when there is extremes Temp & humidity when I have had these symptoms dizziness, headache, feeling sick etc

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) \_\_\_\_\_

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☒ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

☐ Dayroom access

☐ Physical access to Law Library

☐ Marriage Seminars

☐ Outside recreation  
☐ Inside recreation

☐ Educational Classes

☐ Rehabilitation Programs

☐ Commissary

☐ Phone privileges

☐ Visitation

☐ Access to showers

☐ Denied water

#### JOB

What is your job? N/A Time frame held? N/A How many hours a day do you work? N/A

How many days a week do you work? N/A Are you allowed water breaks for your job? ☐ Yes ☐ No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) N/A

Are you allowed water breaks for field jobs? ☐ Yes ☐ No Are you heat sensitive ☐ Yes ☐ No

☐ Step I Grievance filed (1) ☐ Step II Grievance filed (2)

Results from Step I & Step II Grievance \_\_\_\_\_

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates  
P. O. Box 1974  
Fulton, TX 78358

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 [TPCAdvocates@gmail.com](mailto:TPCAdvocates@gmail.com) [www.TPCAdvocates.org](http://www.TPCAdvocates.org)



Your Name Thomas L. Atchison II  
 TDCJ Number 2397122  
 Unit name Cofield



Date \_\_\_\_\_

Ethnicity \_\_\_\_\_

Birth Date \_\_\_\_\_

Please check all that apply. Please add any additional information on a separate sheet of paper Thank You!

TDCJ has begun enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. \*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No Cups                                      | <input type="checkbox"/> No Bottled water available through Commissary             | <input type="checkbox"/> Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.) |
| <input checked="" type="checkbox"/> No Ice                            | <input type="checkbox"/> No electrolyte sports drinks available through Commissary | <input type="checkbox"/> No access to Unit fans  |
| <input type="checkbox"/> Broken Ice Machines                          | <input checked="" type="checkbox"/> No cooling towels on Commissary                | <input type="checkbox"/> Broken Unit fans  |
| <input checked="" type="checkbox"/> No water                          | <input checked="" type="checkbox"/> No cooling shirts on Commissary                | <input type="checkbox"/> Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas                                  |
| <input type="checkbox"/> No Heat policy posted                        | <input type="checkbox"/> No water breaks while working (specifically outside jobs) |  |
| <input type="checkbox"/> Cold Shower not working                      | <input type="checkbox"/> Health crisis disregarded                                 |  |
| <input type="checkbox"/> Low/no water pressure in shower              | <input checked="" type="checkbox"/> No wellness checks being conducted             | Transported/left in hot bus  |
| <input checked="" type="checkbox"/> Denied access to the respite area |  |  |
| <input checked="" type="checkbox"/> No access to cool down showers    |  |  |

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.).

We get water at the beginning of each shift and again at lunch time

If yes, how often are you allowed to take a cold shower? Every other day

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances \_\_\_\_\_

If you have ever been denied access to the respite area, why were you denied, date, and by whom?

CO Allen on the infirmary denies everyone that comes to the infirmary for respite every day she works

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature, applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? \_\_\_\_\_

#### HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? ☒ Yes ☐ No Please describe your heat restriction

Hypertension, Diabetes and Kidney Problems

Have you been asked to wave their Heat restrictions? ☐ Yes ☒ No

If yes, who asked you to wave their heat restriction? \_\_\_\_\_

Have you chosen to wave their heat restriction themselves? ☐ Yes ☒ No

Are you prescribed a heat sensitive medication? ☒ Yes ☐ No Have you been asked to stop your medication? ☐ Yes ☒ No Did you decide to stop taking your medication? ☐ Yes ☒ No If yes then why? \_\_\_\_\_

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer?

Do you have a heat related illness? (Describe)

Have you had a heat related illness or symptoms following heat related symptoms such as: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; pale, clammy skin; cramps in the arms, legs, and stomach; fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name)

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? ☐ G1 ☐ G2 ☐ G3 ☐ G4 ☐ G5

Has you been moved to Seg area for "cool bed"? ☐ Yes ☒ No Is there always air conditioning in Ad. Seg? ☐ Yes ☐ No

Have after being moved to a Seg area have you being denied any of the following?

- ☒ Dayroom access  
☐ Outside recreation  
☐ Inside recreation  
☐ Commissary

- ☐ Physical access to Law Library  
☐ Educational Classes  
☐ Phone privileges  
☒ Access to showers

- ☐ Marriage Seminars  
☐ Rehabilitation Programs  
☐ Visitation  
☐ Denied water

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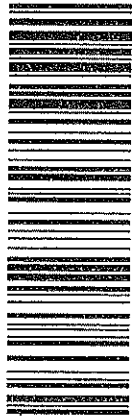
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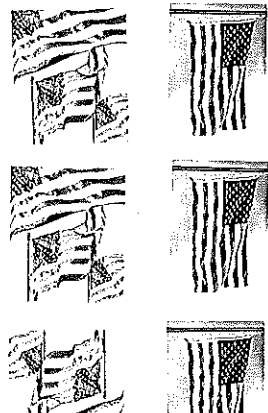
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CERTIFIED MAIL



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United States District Court  
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Austin Division  
501 West 5th Street, Room 1100  
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